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Application Number	10/509,009
Filing Date	May 3, 2005
First Named Inventor	Chiquet-Ehrismann, Ruth
Art Unit	1643
Examiner Name	Gussow, Anne
Attorney Docket Number	FM-05-US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 2.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Dr. Nicolas Favre, Head of Patents & Licensing

Date

06.06.2008

Telephone 41 61 697 8382

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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